

SERVING 4U CREDIT AUTHORIZATION ON FILE

Full Name on Card:	
Credit Card #:	
Credit Card Type:	Visa MasterCard Discover
Exp. Date:	
Address:	
Zip Code:	
CVV# (3 digit # on back of card)	

I authorize Serving 4U to keep this credit card information on file. I understand this information will be used to process the payments of current or future Process Services. I will notify Serving 4U of any changes or when I no longer wish to keep my credit card on file.

Signature of Card Holder: _____

Signature Date: ____ / ____ / ____ Phone #: (____) _____ - _____